

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S14777

M & M TRUCKING, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90169 005 ***150.00

Principal Place of Business Mailing Address										• • • • • • •	
21274 33RD RD 21274 33RD RD LAKE CITY FL 32024 LAKE CITY FL 32055 US US			-					DO NOT WRITE IN THIS SPACE			
•							3	. Date Incorporated or Qualifed 11/20/1990	1		
	4B	T 0- 1	Anilina Addrona	_				11/20/1950 FEI Number		Δ	pplied For
			Mailing Address				59-3033912		<u></u>	lot Applicable	
21			Suite, Apt. #, etc.					39-3033912			Additional
Suite, Apt. #, etc.			27 Suite, Apr. #, etc.				5	. Certifcate of Status Desired			Required
City & State		City & State				6.	6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution				
Zip	Country		Zip	Cou	intry		- 8	. This corporation owes the cu	rrent,year In	- ntangible	
24	25	29		30			j	Personal Property Tax.		☐ Yes	[X No
	9. Name and Address of Current	Registe	red Agent				10	, Name and Address of New	Registered	l Agent	71
					81	Name					ļ
MCKENZIE, MARGARET C.					82 Street Address (P.O. Box Number is Not Acce				table)		
21274 33RD RD					02	Street Address (F.O. Box Number is Not Acceptable)					
LAKE CITY FL 32024				83				•			
					-		· · · · · · · · · · · · · · · · · · ·			85 Zip	Code
					84	City 			FI	L 83 Zip	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	· Flonda	. Such change was a	autnorize	y o c	the corpor	corporation oration's b	on submits this statement for the locard of directors. I hereby acc	e purpose o ept the appo	of changing it ointment as r	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent a	ad title if n	anliantia /NOT	C. Decistere	Acor	encephine row	required when	reinstating)	DATE		
12.	OFFICERS AND			13.	, Agai	it signaturo rec		ADDITIONS/CHANGES TO C		ND DIRECT	ORS IN 12
TITLE	PD		☐ DELETE	1.1 Ti	TLE				•	Change	
NAME	MCKENZIE, GEORGE N.			1.2 N	AME						
STREET ADDRESS	21274-33RD RD			1.3 S	TREET	ADDRESS	ļ				{
CITY-ST-ZIP	LAKE CITY FL				ITY-S		ļ				
TITLE	VD		☐ DELETE	2.1 T		7				Change	e ☐ Addition
NAME	MCKENZIE, RANDOLPH S.			22 N	AME						
STREET ADDRESS	20809 CR 137C			238	TREET	T ADDRESS	ļ				
	LAKE CITY FL					ST-ZIP					Į.
TITLE	SD	_	☐ DELETE	3.1 T						Change	Addition
NAME	MCKENZIE, TINA D.			3.2 N	AME	-	}				
STREET ADDRESS	20809 CR 137C					ADDRESS	l				Į
	LAKE CITY FL					ST-ZIP					ĺ
CITY-ST-ZIP TITLE	TD		☐ DELETE	4.1 T						☐ Change	Addition
NAME	MCKENZIE, MARGARET (PEGGY	Λ.		4.21	LAME				•		
STREET ADDRESS	1	,		4.3 S	TREET	ADORESS	Į				}
CITY-ST-ZIP	LAKE CITY FL				ITY-S	1	-				Ì
TITLE	Date Office		☐ DELETE	5.1 T	_					Change	Addition
NAME				5.2 N							ļ
STREET ADDRESS				5.3 S	TREET	TADDRESS					Ì
CITY-ST-ZIP				5.4 C	ITY-S	T- ZIP					
TITLE			☐ DELETE	6.1 T	ITLE	-				Change	Addition
NAME			•	6.2 N	AME						ļ
STREET ADDRESS				6.3 S	TREET	TADDRESS					Į

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: